

# Supplement Attached ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 7-165

Registered No. 7

1. PLACE OF BIRTH

County Gila

District or Township

City Miami

State Arizona

or Village

No. 6

Van Winkle Canon  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Ward

2. Full name of child Baltazar Garcia

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Male

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

yes

7. Date

of birth

Feb 16 1928  
Month Day Year

5. No., in order of birth

8.

FATHER

Full name

Roman Garcia

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex

11. Age at last birthday 36 (Years)

12. Birthplace (city or place)

Zacatecas

(State or country)

Mex

13. Occupation

Nature of industry

Miner

14.

MOTHER

Full maiden name

Pabla Orosco

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex

17. Age at last birthday 35 (Years)

18. Birthplace (city or place)

Churchtown

(State or country)

New Mex

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living 7

(b) Born alive but now dead 1

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive  
(Born alive or stillborn.)

at 9 05

A m. on the date above stated

Signature

Cyril M Brown M.D.

Physician

Address

Miami, Arizona

(Physician or midwife).

Filed

Feb 15 1928

C. E. Jones

Registrar

Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from  
a supplemental report

Month, day, year